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B22A (Official Form 22A) (Chapter 7) (04/13) In re: James Lee Crunk

Case Number: 13-10242-7

According to the information required to be entered on this statement						
(check one box as directed in Part I, III, or VI of this statement):						
☐ The presumption arises.						
☐ The presumption does not arise.						
☐ The presumption is temporarily inapplicable.						

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on , which is less than 540 days before this bankruptcy case was filed;
	OR
	 b.

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION							
2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 							
	All figures must reflect average monthly income receiv during the six calendar months prior to filing the bankru			Column A	Column B			
	of the month before the filing. If the amount of monthly months, you must divide the six-month total by six, and appropriate line.	y income varied duri	ng the six	Debtor's Income	Spouse's Income			
3	Gross wages, salary, tips, bonuses, overtime, com	missions.		\$0.00				
4	Income from the operation of a business, profession. Line a and enter the difference in the appropriate columnore than one business, profession or farm, enter agging details on an attachment. Do not enter a number less of the business expenses entered on Line b as a deal of a. Gross receipts b. Ordinary and necessary business expenses							
	c. Business income	\$0.00 Subtract Line b fro	om Line a	\$0.00				
5	Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 5. Do r Do not include any part of the operating expenses Part V. a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income	\$0.00						
6	Interest, dividends, and royalties.			\$0.00				
7	Pension and retirement income.			\$0.00				
8	Any amounts paid by another person or entity, on a expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate mai paid by your spouse if Column B is completed. Each r in only one column; if a payment is listed in Column A, Column B.	\$0.00						
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compensations spouse was a benefit under the Social Security Act, do compensation in Column A or B, but instead state the Unemployment compensation claimed to be a benefit under the Social Security Act	\$0.00						
1	Donont under the Goolal Geounty Act	\$0.00		φυ.υυ				

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10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	a.						
	b.						
	Total and enter on Line 10		\$0.00				
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru and, if Column B is completed, add Lines 3 through 10 in Column B. Enter	er the total(s).	\$0.00				
12	Total Current Monthly Income for § 707(b)(7). If Column B has been c Line 11, Column A to Line 11, Column B, and enter the total. If Column B completed, enter the amount from Line 11, Column A.	•		\$0.00			
	Part III. APPLICATION OF § 707(b)	(7) EXCLUSI	ON				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amou and enter the result.			\$0.00			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoi.gov/ust/ or from the clerk of the bankruptcy						
	a. Enter debtor's state of residence: b. Enter debtor's household size:1 \$41						
	Application of Section 707(b)(7). Check the applicable box and proceed	d as directed.					
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.						
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						
	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULATION OF CURRENT MONTH	LY INCOME I	OR § 707(b)(2)				
16	Enter the amount from Line 12. Marital adjustment If you checked the box at Line 2.c. enter on Line 17.	7 the total of any	income listed in				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a.						
	b.						
	с.						
	Total and enter on Line 17.	'					
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16	and enter the re	sult.				
	Part V. CALCULATION OF DEDUCTIO	NS FROM IN	COME				
	Subpart A: Deductions under Standards of the In	ternal Revenu	e Service (IRS)				
19A	National Standards: food, clothing and other items. Enter in Line 19A National Standards for Food, Clothing and Other Items for the applicable information is available at www.usdoj.gov/ust/ or from the clerk of the bank number of persons is the number that would currently be allowed as exert tax return, plus the number of any additional dependents whom you support	number of perso kruptcy court.) T nptions on your f	ns. (This he applicable				

19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons 65 and older, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.							
	Pers	sons under 65 years of age		Pers	ons 65 years	of age or older		
	a1.	Allowance per person		a2.	Allowance per	r person		
	b1.	Number of persons		b2.	Number of pe	rsons		
	c1.	Subtotal		c2.	Subtotal			
20A	and U inform family	Standards: housing and util dilities Standards; non-mortgage nation is available at www.usdo size consists of the number th turn, plus the number of any ac	e expenses for the j.gov/ust/ or from that would currently be	applic ne clerk ne allov	able county and of the bankrup wed as exemption	d family size.(otcy court.)The	This applicable	
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense Subtract Line b from Line a.							
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis							
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 0 1 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							

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22B	If you you a "Pub	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.									
	a.	IRS Transportation Standards, Ownership Costs								
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42								
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.							
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from									
24		a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS	THAN ZERO.							
	b.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42								
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.							
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.									
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.									
27	for te	er Necessary Expenses: life insurance. Enter total average monthly perm life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSUF	URANCE ON YOUR							
28	requ	er Necessary Expenses: court-ordered payments. Enter the total more ired to pay pursuant to the order of a court or administrative agency, such ents. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS I	h as spousal or child support							
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.									
31	on h reim in Lir	er Necessary Expenses: health care. Enter the total average monthly ealth care that is required for the health and welfare of yourself or your debursed by insurance or paid by a health savings account, and that is in eighe 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OF COUNTS LISTED IN LINE 34.	ependents, that is not xcess of the amount entered							

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32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.						
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.						
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32						
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 34 IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:							
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.							
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.						
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.						
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.						
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).						
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.						

^{*} Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Subpart C: Deductions for Debt Payment								
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.								
42	a. b. c.	Name of Creditor	Property Securing the Debt	Average Monthly Payment Total: Add Lines a, b and c.	Does payment include taxes or insurance? yes no yes no yes no				
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.								
	a. b. c.				Lines a, b and c				
44	as pi	ments on prepetition priority clain riority tax, child support and alimony . DO NOT INCLUDE CURRENT O	y claims, for which you were liab	e at the time of your	bankruptcy				
		pter 13 administrative expenses. wing chart, multiply the amount in lir ense.		•	•				
	a.	Projected average monthly chapte	er 13 plan payment.						
45	b.	Current multiplier for your district a issued by the Executive Office for information is available at www.us the bankruptcy court.)		%					
	C.	Average monthly administrative e.		-	bly Lines a and b				
46	Tota	I Deductions for Debt Payment.							
47	Subpart D: Total Deductions from Income								
47	1 Ota	of all deductions allowed under							
		Part VI. DET	TERMINATION OF § 707(o)(2) PRESUMP	TION				
48		er the amount from Line 18 (Curre							
49 50		er the amount from Line 47 (Total			ne recult				
		thly disposable income under § 7							
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.								

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	Initial presumption determination. Check the applicable box and proceed as directed.							
	The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
52	The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.							
	☐ The am through		\$7,475*, but not more	e than \$12,475*. Complete th	e remainder of Part	VI (Lines 53		
53	Enter the a	mount of your total non-pri	ority unsecured debt					
54	Threshold	debt payment amount. Multi	iply the amount in Line	53 by the number 0.25 and 6	enter the result.			
	Secondary	presumption determination	n. Check the applicab	le box and proceed as directe	ed.			
55	_	nount on Line 51 is less that page 1 of this statement, and		• 54. Check the box for "The pon in Part VIII.	oresumption does n	ot arise" at the		
			_	mount on Line 54. Check th rification in Part VIII. You ma	-	•		
		Part	VII: ADDITIONAL	EXPENSE CLAIMS				
	and welfare under § 707	of you and your family and th	nat you contend should list additional sources	ot otherwise stated in this form I be an additional deduction fi on a separate page. All figure	rom your current mo	onthly income		
56	Expense Description Monthly A					Amount		
	a.							
	b.							
	С.							
			7	otal: Add Lines a, b, and c				
	Part VIII: VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)							
57	Date	e: <u>9/27/2013</u>	Signature:	/s/ James Lee Crunk James Lee Crunk				
	Date	ə:	Signature:	(Joint Debto	or, if any)			

^{*} Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.